PTO/SB/17 (10-08)
Approved for use through 08/30/2010. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwor	k Reduction Act of	1995, no person are	required to	respond to a collecti	on of informa	ation unless it display	s a valid OM	3 control numbe
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
							10/529,864-Conf. #1534	
FEE TRANSMITTAL						October 18, 2005		
For FY 2009						Teresa Maria De Andrade		
						M. L. Torres		
Populari cultura simuli diraly status. See 57 OTT 127			7 at Gran		2617 0249-0132PUS1			
(1) 020100				Attorney Docket	No.	J249-0132PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Deposit Account Number 02-2448 Deposit Account Names Birch, Slewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any additional fee(s) or underpayments of lee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATIO								
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
		Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$		Fee (\$		Fee (\$)	Fee (\$)	Fees	Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FE	ES							Small Entity
Fee Description Each claim over 20 (including Reissues)							Fee (\$) 52	Fee (\$) 26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent cl	aims						390	195
70tal Claims				ee Paid (\$) Multiple Deper			dent Claims Fee Paid (\$)	
HP = highest number of to	tal claims paid for,	if greater than 20.						_
Indep. Claims 3 -3 or HP	se Paid (\$)							
HP = highest number of in	dependent claims	paid for, if greater tha	ın 3.					
 APPLICATION SIZE If the specification are listings under 37 C sheets or fraction 	nd drawings ex CFR 1.52(e)), t	he application siz	ze fee du	e is \$270 (\$135 f				0
Total Sheets	Extra Sheets			dditional 50 or frac	tion there	of Fee (\$)	Fee '	Paid (\$)
- 100				(round up to a who				
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing successor), 2401 Notice of appeal 270.00								
Other (e.g., late filing surcharge): 2401 Notice of appeal 270.00 2253 Extension for response within third month 555.00								
SUBMITTED BY	$r \wedge r$							
Signature	In II X	mul		Registration No. (Altomey/Agent)	29,271	Telephone	(703) 20	5-8000
Name (Print/Type) Char	les Gorens ei			(commission)		Date	October 1	5, 2009
		/ 						-,